

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (03-01)  
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor

Title

Express Mail Label No.

JOHNSON, SAMUEL A

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☐ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 7]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 3]

5. Oath or Declaration [Total Pages     ]

- a. ☒ Newly executed (original or copy)  
Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
- b. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement of Attorney  
(when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☐ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: \_\_\_\_\_/\_\_\_\_\_

Prior application information:

Examiner \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name

SAMUEL JOHNSON

Address

2435 N. BLACK CAT RD

City

MERIDIAN

State

IDAH

Zip Code

83642

Country

USA

Telephone

208 863 5518

Fax

208 396 6505

Name (Print/Type)

SAMUEL A. JOHNSON

Registration No. (Attorney/Agent)

Signature

*Samuel A. Johnson*

Date

6/02/2001

Burden Hour Statement: This form is estimated to take 60 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 395

## Complete if Known

Application Number

Filing Date

First Named Inventor

Examiner Name

Group Art Unit

Attorney Docket No.

## METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
Number

Deposit  
Account  
Name

☐ Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status.  
See 37 CFR 1.27

2. ☐ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money  
Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee Fee Description  
Code (\$) Code (\$)

101 710 201 355 Utility filing fee

106 320 206 160 Design filing fee

107 490 207 245 Plant filing fee

108 710 208 355 Reissue filing fee

114 150 214 75 Provisional filing fee

Fee Paid

355

SUBTOTAL (1) (\$) 355

### 2. EXTRA CLAIM FEES

Total Claims 7 -20\*\* = 0 X Fee from below =  
Independent Claims 4 -3\*\* = 1 X 40 = 40  
Multiple Dependent

Large Entity Small Entity

Fee Fee Fee Fee Fee Description  
Code (\$) Code (\$)

103 18 203 9 Claims in excess of 20

102 80 202 40 Independent claims in excess of 3

104 270 204 135 Multiple dependent claim, if not paid

109 80 209 40 \*\* Reissue independent claims  
over original patent

110 18 210 9 \*\* Reissue claims in excess of 20  
and over original patent

SUBTOTAL (2) (\$) 40

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

| Large Entity Fee Code | Small Entity Fee Code | Fee Description                                                            | Fee Paid |
|-----------------------|-----------------------|----------------------------------------------------------------------------|----------|
| 105 130               | 205 65                | Surcharge - late filing fee or oath                                        |          |
| 127 50                | 227 25                | Surcharge - late provisional filing fee or cover sheet                     |          |
| 139 130               | 139 130               | Non-English specification                                                  |          |
| 147 2,520             | 147 2,520             | For filing a request for ex parte reexamination                            |          |
| 112 920*              | 112 920*              | Requesting publication of SIR prior to Examiner action                     |          |
| 113 1,840*            | 113 1,840*            | Requesting publication of SIR after Examiner action                        |          |
| 115 110               | 215 55                | Extension for reply within first month                                     |          |
| 116 390               | 216 195               | Extension for reply within second month                                    |          |
| 117 890               | 217 445               | Extension for reply within third month                                     |          |
| 118 1,390             | 218 695               | Extension for reply within fourth month                                    |          |
| 128 1,890             | 228 945               | Extension for reply within fifth month                                     |          |
| 119 310               | 219 155               | Notice of Appeal                                                           |          |
| 120 310               | 220 155               | Filing a brief in support of an appeal                                     |          |
| 121 270               | 221 135               | Request for oral hearing                                                   |          |
| 138 1,510             | 138 1,510             | Petition to institute a public use proceeding                              |          |
| 140 110               | 240 55                | Petition to revive - unavoidable                                           |          |
| 141 1,240             | 241 620               | Petition to revive - unintentional                                         |          |
| 142 1,240             | 242 620               | Utility issue fee (or reissue)                                             |          |
| 143 440               | 243 220               | Design issue fee                                                           |          |
| 144 600               | 244 300               | Plant issue fee                                                            |          |
| 122 130               | 122 130               | Petitions to the Commissioner                                              |          |
| 123 50                | 123 50                | Processing fee under 37 CFR 1.17(q)                                        |          |
| 126 180               | 126 180               | Submission of Information Disclosure Stmt                                  |          |
| 581 40                | 581 40                | Recording each patent assignment per property (times number of properties) |          |
| 146 710               | 246 355               | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |
| 149 710               | 249 355               | For each additional invention to be examined (37 CFR § 1.129(b))           |          |
| 179 710               | 279 355               | Request for Continued Examination (RCE)                                    |          |
| 169 900               | 169 900               | Request for expedited examination of a design application                  |          |

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

## SUBMITTED BY

Name (Print/Type)

SAMUEL A. JOHNSON

Registration No.  
(Attorney/Agent)

Complete (if applicable)

Telephone

208 863 5518

Signature

Samuel Johnson

Date

6/6/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

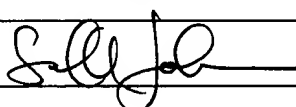
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

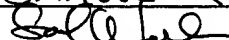
|                                                                                             |                             |                               |  |
|---------------------------------------------------------------------------------------------|-----------------------------|-------------------------------|--|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | <b>Application Number</b>   |                               |  |
|                                                                                             | <b>Filing Date</b>          |                               |  |
|                                                                                             | <b>First Named Inventor</b> |                               |  |
|                                                                                             | <b>Group Art Unit</b>       |                               |  |
|                                                                                             | <b>Examiner Name</b>        |                               |  |
| <b>Total Number of Pages in This Submission</b>                                             |                             | <b>Attorney Docket Number</b> |  |

| <b>ENCLOSURES (check all that apply)</b>                                     |                                                                                         |                                                                                            |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers (for an Application)                         | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input checked="" type="checkbox"/> Fee Attached                             | <input checked="" type="checkbox"/> Drawing(s)                                          | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> Amendment / Reply                                   | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                         | <input type="checkbox"/> Petition                                                       | <input type="checkbox"/> Proprietary Information                                           |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter                                                     |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer                                            |                                                                                            |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund                                             |                                                                                            |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                                      |                                                                                            |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | <b>Remarks</b>                                                                          |                                                                                            |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |                                                                                         |                                                                                            |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                         |                                                                                     |
|-------------------------|-------------------------------------------------------------------------------------|
| Firm or Individual name | Samuel A. Johnson                                                                   |
| Signature               |  |
| Date                    |                                                                                     |

**CERTIFICATE OF MAILING**

|                                                                                                                                                                                                                                                             |                                                                                     |      |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------|-------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>June 04, 01</u> |                                                                                     |      |             |
| Typed or printed name                                                                                                                                                                                                                                       | Samuel A. Johnson                                                                   |      |             |
| Signature                                                                                                                                                                                                                                                   |  | Date | June 04, 01 |

Burden Hour Statement: This form is estimated to take 12 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.